

## Nebraska Homestead Exemption Application or Certification of Status

• Nebraska Schedule I - Income Statement must be filed with this form PLEASE DO NOT WRITE IN THIS SPACE

• Read instructions on reverse side

**FORM** 458

paid description of homestead or location and physical description of mobile home residence on leased land:    Single	FEBRUARY 1 AND (			0						
policent's Social Security No.  Spouse's Marie:  Date of Peath:  Date of Peath:  Date of Pinal Decree:  Date of Peath:  Date of Pinal Decree:  HOMESTEAD EXEMPTION CATEGORIES  **Head instructions on reverse side for specific explainments  **In House of a none substantial or cartification reverse side for specific explainments  **In House of a none substantial promition or certification requirement)  **In Value of a home substantial promition or this form complete and correct (mans, social security numbers.  Social Security Numbers  The value of a home substantially contributed to by the Department of Veterans Affairs (annual VA certification required and violations for certification required and violations for certification required and promition or this form complete and correct (marking social security Numbers)  The value of a home substantially contributed to by the Department of Veterans Affairs (annual VA certification required in the state.  **In Part of the Head of the Head of t						APPLICANT'S NAME AND ADDRESS				
Spouse's Date of Birth (MoDsy/Y)  gail description of homestead or location and physical description of mobile home residence on leased land.    Single   Married or Closely Related	ounty	Cour	ity Number							
Filing Status (Ovals must be filled in completely. Example: Take please answer the following: Souses Name:	pplicant's Social Security No.									
Single   Married or Closely Related   If you were widowed or divorced since January 1 last year, please answer the following: Spouse's Name.   Date of Final Decree:   Date of Death:   Date   Date of Death:   Date   Date of Death:   Date   Date   Date of Death:   Date   Death Death:   Date   Death:   Death:   Death:   Date   Death:	pouse's Social Security No.	Spou	se's Date of Birt	h (Mo/Day/Yr)	_					
If you were widowed or divorced since January 1 last year, please answer the following:    Spowe's Name   Date of Final Decree:	egal description of homestead or location and physical description of mobile home residence on leased land:					us	(Ovals must be filled in co	ompletely. Example:	)	
answer the following: Spouse's Name: Date of Peath: Date of Final Decree:    Date of Final Decree:					_ s	ingle	Married o	r Closely Related		
HOMESTEAD EXEMPTION CATEGORIES					answer the following:					
Nebraska Schedule I must be filed for all categories except No. 5					Date of De	ath:_	Date	e of Final Decree:		
it we the household furnishings been removed from your home?  Is the house currently occupied by another person?  Is the house currently occupied by another person?  If we who is residing there?  If this property is owned by a trust, are you residing on this homestead as a beneficiary under the trust instrument?  If this property is owned by a trust, are you residing on this homestead as a beneficiary under the trust instrument?  If you received a homestead exemption last year, is the preprinted information on this form complete and correct (names, social security numbers, other owner/occupants, etc.)?  If No, please enter correct information.  OTHER OWNERS WHO OCCUPY THE HOMESTEAD (attach list if needed)  Name  Relationship to Applicant  FOR COUNTY ASSESSOR'S USE ONLY  Tax District Number    Qualified owner occupants age 65 and over (2) weterans distalled wone-noenced accident or illness (annual certification required—Form 458B or VA certification requirement)  (3) Disabled individuals (see instructions for certification requirement)  (4) Veterans drawing compensation from the Department of Veterans' Affairs because of 100% disability that was service-connected, or the unremarried widow(er) (see instructions for certification requirement)  If you received a homestead exemption last year, is the preprinted information on this form complete and correct (names, social security numbers)    OTHER OWNERS WHO OCCUPY THE HOMESTEAD (attach list if needed)   Nebraska Schedule I — Income Statement must be filed for each owner/occupant (do not repeat applicant and spouse)    OTHER OWNERS WHO OCCUPY THE HOMESTEAD (attach list if needed)   Name	2 If you are currently residing in a nursing home,					Nebraska Schedule I must be filed for all categories except No. 5				
Is the house currently occupied by another person?  If this property is owned by a trust, are you residing on this homestead as a beneficiary under the VES NO If this property is owned by a trust, are you residing on this homestead as a beneficiary under the VES NO It use that the prefix that instrument?  If this property is owned by a trust, are you residing on this homestead as a beneficiary under the VES NO It use that the property is owned by a trust, are you residing on this homestead as a beneficiary under the VES NO It was a service part of Veterans' Affairs because of 100% disability that was service part of Veterans' Affairs because of 100% disability that was service part of Veterans' Affairs because of 100% disability that was service part of Veterans' Affairs because of 100% disability that was service part of Veterans' Affairs because of 100% disability that was service part of Veterans' Affairs because of 100% disability that was service part of Veterans' Affairs because of 100% disability that was service part of Veterans' Affairs because of 100% disability that was service part of Veterans' Affairs because of 100% disability that was service part of Veterans' Affairs because of 100% disability that was service part of Veterans' Affairs because of 100% disability that was service part of Veterans' Affairs because of 100% disability that was service part of Veterans' Affairs because of 100% disability that was service part of Veterans' Affairs because of 100% disability that was service part of veterans' Affairs because of 100% disability that was service part of veterans' Affairs because of 100% disability that was service part of veterans' Affairs because of 100% disability that was service part of veterans' Affairs because of 100% disability that was service part of veterans' Affairs because of 100% disability that was service part of veterans' Affairs because of 100% disability that was service part of veterans' Affairs because of 100% disability that was service part of veterans' Affairs beca	Have the household furnishings been removed from your home?  YES NO									
person?  If this property is owned by a trust, are you residing on this homestead as a beneficiary under the trust instrument?  If this property is owned by a trust, are you residing on this homestead as a beneficiary under the trust instrument?  If you received a homestead exemption last year, is the preprinted information on this form complete and correct (names, social security numbers, birth date, marital status, exemption category, other owner/cocupants, etc.)?  If No, please enter correct information.  OTHER OWNERS WHO OCCUPY THE HOMESTEAD (attach list if needed)  Name  Relationship to Applicant  Other owner/cocupants (cf.)  Name  Relationship to Applicant  I also declare that I am entitled to the Nebraska homestead exemption and have not applied for exemption elsewhere in the state.  Under penalties of law, I declare that I have examined this form and that it is, to the best of my knowledge and belief, true and correct.  I also declare that I am entitled to the Nebraska homestead exemption and have not applied for exemption elsewhere in the state.  FOR COUNTY ASSESSOR'S USE ONLY  arcel or Location Identification Number  Tax District Number  Assessed Value of the Homestead Property as of January 1  Veteran's Service Dates  OMMENTS:  DISAPPROVED  OMMENTS:  3 Disabled individuals (see instructions for certification requirement)  (4) Veterans drawing compensation from the Department of Veterans drawing contenting the Veterans drawing c										
on this homestead as a beneficiary under the	person? YES NO					(3) Disabled individuals (see instructions for certification				
If you received a homestead exemption last year, is the preprinted information on this form complete and correct (names, social security numbers, other owner/occupants, etc.)?  OTHER OWNERS WHO OCCUPY THE HOMESTEAD (attach list if needed)  Name  OTHER OWNERS WHO OCCUPY THE HOMESTEAD (attach list if needed)  Name  Relationship to Applicant  Outer penalties of law, I declare that I have examined this form and that it is, to the best of my knowledge and belief, true and correct. I also declare that I am entitled to the Nebraska homestead exemption and have not applied for exemption elsewhere in the state.  Under penalties of Iaw, I declare that I have examined this form and that it is, to the best of my knowledge and belief, true and correct. I also declare that I am entitled to the Nebraska homestead exemption and have not applied for exemption elsewhere in the state.  FOR COUNTY ASSESSOR'S USE ONLY  arcel or Location Identification Number  Tax District Number  Assessed Value of the Homestead Property as of January 1  Veteran's Service Dates  DISAPPROVED  COMMENTS:  DISAPPROVED  DISAPPROVED	trust instrument?				Veterans' Affairs because of 100% disability that was service- connected, or the unremarried widow(er) (see instructions for					
OTHER OWNERS WHO OCCUPY THE HOMESTEAD (attach list if needed)  *Nebraska Schedule I—Income Statement must be filed for each owner/occupant (do not repeat applicant and spouse)  Name  Relationship to Applicant  Date of Birth (Mo/Day/Yr)  Social Security Number  Under penalties of law, I declare that I have examined this form and that it is, to the best of my knowledge and belief, true and correct. I also declare that I am entitled to the Nebraska homestead exemption and have not applied for exemption elsewhere in the state.  Signature of Applicant  FOR COUNTY ASSESSOR'S USE ONLY  arcel or Location Identification Number  Tax District Number  Assessed Value of the Homestead Property as of January 1  Veteran's Service Dates  Service Dates Beginning  APPROVED  DISAPPROVED  OTHER OWNERS WHO OCCUPY THE HOMESTEAD (attach list if needed)  Bate of Birth (Mo/Day/Yr)  Social Security Number  Social Security Number  FOR COUNTY ASSESSOR'S IMPLICATION Applicant  Assessed Value of the Homestead Property as of January 1  Veteran's Service Dates  DISAPPROVED  DISAPPROVED	is the preprinted information on this form complete and correct (names, social security numbers, birth date, marital status, exemption category,					Department of Veterans' Affairs (annual VA certification				
Name Relationship to Applicant Relationship	If No, please enter correct information	tion.								
Name Relationship to Applicant Date of Birth (Mo/Day/Yr) Social Security Number  Under penalties of law, I declare that I have examined this form and that it is, to the best of my knowledge and belief, true and correct. I also declare that I am entitled to the Nebraska homestead exemption and have not applied for exemption elsewhere in the state.  FOR COUNTY ASSESSOR'S USE ONLY  arcel or Location Identification Number Tax District Number Assessed Value of the Homestead Property as of January 1  Veteran's Service Dates  APPROVED  COMMENTS:  DISAPPROVED  DISAPPROVED  DISAPPROVED	Nebraska Schedule								se)	
Under penalties of law, I declare that I have examined this form and that it is, to the best of my knowledge and belief, true and correct.  I also declare that I am entitled to the Nebraska homestead exemption and have not applied for exemption elsewhere in the state.    Signature of Applicant   Date   Telephone Number							· · · · · · · · · · · · · · · · · · ·			
Signature of Applicant   Tax District Number   Tax District Number   Tax District Number   Tax District Number   Assessed Value of the Homestead Property as of January 1										
I also declare that I am entitled to the Nebraska homestead exemption and have not applied for exemption elsewhere in the state.    Signature of Applicant   Date   Telephone Number										
FOR COUNTY ASSESSOR'S USE ONLY arcel or Location Identification Number  Tax District Number  Veteran's Service Dates  Service Dates Beginning	I also declare that I am enti									
Veteran's Service Dates  Service Dates Beginning	Signature of Applicant						Date	Telephor	ne Number	
Veteran's Service Dates  Service Dates Beginning					/ ASSESSOI	R'S U				
Service Dates Beginning	rcel or Location Identification Number Tax District Nu		Tax District Nur	nber		Assessed Value of the Ho		Homestead Property as o	of January 1	
□ APPROVED COMMENTS:				Veteran's S	ervice Dates	6	•			
	Service Dates Beginning			,	a	nd End	ling		,	
	APPROVED	CO	MMENTS:							
Date Descrived by the Assesser Circumstances of County Assesser	DISAPPROVED									
	Date Described II II A	<b></b>	atura =f O	Annas - ::					Data	

## INSTRUCTIONS

## SPECIAL INSTRUCTIONS FOR PREVIOUS FILERS

Carefully review any preprinted information to ensure it is complete and correct. Make any necessary changes or additions on the face of the form in a legible manner. Answer each of the questions and sign the form. If you have any questions, contact your county assessor.

**WHO MAY FILE**. Any natural person who, on January 1, is an owner-occupant of a homestead, including every person who has previously been granted a homestead exemption, may file a Nebraska Homestead Exemption Application or Certification of Status, Form 458. An owner of a homestead shall mean:

- 1. Owner of record;
- 2. Vendee in possession under a land contract;
- 3. One of the joint tenants, or tenants in common; and
- 4. A beneficiary of a trust of which the trustee is the record title owner and the beneficiary/occupant, pursuant to the terms of the trust, has:
  - a. The specific right to occupy the homestead; or
  - b. The right to amend or revoke the trust to obtain legal title; or
  - c. The power to withdraw the homestead from the trust and place the record title in his or her name.

WHEN AND WHERE TO FILE. Form 458 must be filed after February 1 and on or before June 30 with your county assessor. Failure to file timely is a waiver of the exemption.

**OWNERSHIP AND OCCUPANCY REQUIREMENTS.** The person claiming a homestead exemption must own and occupy the residence or mobile home from January 1 through August 15. If not, the exemption will be disallowed for the entire year. If you move from one homestead to another in Nebraska, contact your county assessor as soon as possible.

**FILING STATUS.** Married includes all persons who filed an income tax return as married for the prior year, or who would have filed as married if a return was required. Closely related includes an owner-occupant who is a brother, sister, or parent to the other owner-occupants of the homestead. All others must file as single.

**INCOME REQUIREMENT.** A Nebraska Schedule I — Income Statement must be attached to Form 458. See Nebraska Schedule I Instructions for income definition and levels. **Failure to file the Nebraska Schedule I is a waiver of the exemption.** 

**HOMESTEAD EXEMPTION CATEGORIES.** The following categories of homestead exemption are allowed by law:

- 1. Individuals who are 65 years of age or older before January 1 of the year for which application is made.
- 2. Veterans who served on active duty during a recognized war of the United States and who are totally disabled by a non-service-connected accident or illness (annual disability certification required).
- 3. Individuals who have a permanent physical disability and who have lost all mobility such as to preclude locomotion without the regular use of a mechanical aid or prosthesis. Individuals who have undergone amputation of both arms above the elbow. Individuals who have a permanent partial disability of both arms in excess of seventy-five percent.

A Physician's Certification of Disability for Homestead Exemption, Form 458B or certification from the Department of Veterans' Affairs affirming the homeowner's disability must be attached to the application for exemptions listed in 2 and 3. If a disabled individual as listed in 3 was granted a homestead exemption in the previous year and no change in homestead exemption status has occurred, then such physician statement is not required.

- 4. Veterans who served on active duty during a recognized war of the United States drawing compensation from the Department of Veterans' Affairs of the United States because of 100 percent disability and not eligible for total exemption as a paraplegic, or the unremarried widow(er) of any such veteran, or the unremarried widow(er) of a serviceperson whose death while on active duty was service connected, or the unremarried widow(er) of a serviceperson who died while on active duty during a recognized war, or the unremarried widow(er) of any veteran who died because of a service-connected disability. Certification from the Department of Veterans' Affairs is required. If a disabled veteran or widow(er) as listed in 4 was granted a homestead exemption in the previous year and no change in homestead exemption status has occurred, then such certification is not required.
- 5. The total actual value of a homestead is available to a veteran of the United States Armed Forces whose home is substantially contributed to by the Department of Veterans' Affairs and who is disabled as follows:
  - A veteran who is paralyzed in both legs such as to preclude locomotion without the aid of braces, crutches, canes, or wheelchairs.
  - b. A veteran, who has undergone amputation of both lower extremities or one lower and one upper extremity such as to preclude locomotion without the aid of braces, crutches, canes, wheelchair, or artificial limbs, or both upper extremities.
  - c. The unremarried widow(er) of such a veteran.

Annual certification from the Department of Veterans' Affairs must be attached.

**LIMITATIONS.** The homestead exemption amount is limited. Homesteads with an assessed value exceeding the statutory maximum value will be reduced or disallowed. A percentage of the maximum exempt value of the homestead will be determined in accordance with the income tables shown on Nebraska Schedule I — Income Statement Instructions. Contact your county assessor for details.

**LEGAL DESCRIPTION OF HOMESTEAD.** The legal description of your real estate may be found on your deed, your tax receipts, or from your county assessor.

If the property being exempted is a mobile home or residence on leased land, give a physical description of the property such as model, size, serial number, or other identifying information.

**APPEAL PROCEDURES.** If the county assessor rejects a claim for homestead exemption, the claimant may obtain a hearing with the county board of equalization by filing an appeal with the county clerk.

If the rejection, or a reduction of the amount of exemption is made by the State Tax Commissioner, the appeal must be filed with the State Tax Commissioner.

All appeals must be in writing and must be filed within thirty (30) days from receipt of the notice from the county assessor or the State Tax Commissioner.